

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	3,131,831.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,131,831.87
YTD Amount:	\$	33,460,275.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	9,744.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,744.17
YTD Amount:	\$	94,883.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	119,602.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,602.11
YTD Amount:	\$	989,116.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	614,717.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	614,717.84
YTD Amount:	\$	4,833,413.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	98,793.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,793.04
YTD Amount:	\$	788,752.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	71,320.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,320.86
YTD Amount:	\$	561,315.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,596,171.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,596,171.39
YTD Amount:	\$	17,014,564.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	99,003.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	99,003.20
YTD Amount:	\$	800,924.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/27/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	339,483.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	339,483.51
YTD Amount:	\$	2,682,881.44

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,969,353.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,969,353.10
YTD Amount:	\$	20,864,156.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	91,694.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,694.31
YTD Amount:	\$	736,937.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	527,745.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	527,745.99
YTD Amount:	\$	4,069,385.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	569,142.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	569,142.25
YTD Amount:	\$	4,424,622.98

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	122,060.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	122,060.20
YTD Amount:	\$	977,934.77

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA

95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,338,563.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,338,563.69
YTD Amount:	\$	14,198,884.03

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	317,080.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	317,080.40
YTD Amount:	\$	2,508,870.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	160,055.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,055.28
YTD Amount:	\$	1,292,484.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	115,571.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,571.18
YTD Amount:	\$	949,995.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	25,014,926.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,014,926.95
YTD Amount:	\$	267,664,555.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	306,286.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	306,286.50
YTD Amount:	\$	2,404,867.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	620,446.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	620,446.32
YTD Amount:	\$	4,834,221.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	55,512.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,512.58
YTD Amount:	\$	449,061.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	214,972.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	214,972.05
YTD Amount:	\$	1,718,752.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	457,131.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	457,131.71
YTD Amount:	\$	4,760,748.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	62,328.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,328.11
YTD Amount:	\$	504,893.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	108,782.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,782.76
YTD Amount:	\$	951,255.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	646,055.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	646,055.55
YTD Amount:	\$	6,892,078.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	280,937.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	280,937.41
YTD Amount:	\$	2,209,176.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	186,771.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	186,771.01
YTD Amount:	\$	1,475,169.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	4,488,691.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,488,691.10
YTD Amount:	\$	46,182,308.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	282,936.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	282,936.41
YTD Amount:	\$	2,965,743.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	68,657.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,657.77
YTD Amount:	\$	527,732.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	2,517,421.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,517,421.45
YTD Amount:	\$	26,592,733.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	2,615,737.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,615,737.08
YTD Amount:	\$	27,572,618.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	115,029.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,029.58
YTD Amount:	\$	919,033.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	2,875,499.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,875,499.72
YTD Amount:	\$	29,871,764.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	5,137,845.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,137,845.34
YTD Amount:	\$	51,805,866.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	4,771,224.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,771,224.49
YTD Amount:	\$	51,050,683.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,121,747.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,121,747.84
YTD Amount:	\$	11,716,050.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	361,969.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	361,969.79
YTD Amount:	\$	3,852,581.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,112,530.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,112,530.89
YTD Amount:	\$	11,869,823.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	665,490.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	665,490.45
YTD Amount:	\$	7,094,381.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	2,682,082.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,682,082.24
YTD Amount:	\$	28,567,807.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	448,551.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	448,551.46
YTD Amount:	\$	4,799,614.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	506,171.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	506,171.36
YTD Amount:	\$	3,937,462.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	22,510.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,510.78
YTD Amount:	\$	183,968.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	152,152.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	152,152.07
YTD Amount:	\$	1,215,914.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	793,816.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	793,816.73
YTD Amount:	\$	6,269,959.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,079,399.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,079,399.31
YTD Amount:	\$	8,327,749.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	894,682.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	894,682.80
YTD Amount:	\$	9,451,705.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	272,267.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	272,267.57
YTD Amount:	\$	2,148,034.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	193,480.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	193,480.52
YTD Amount:	\$	1,537,918.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	99,535.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	99,535.50
YTD Amount:	\$	815,591.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	815,243.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	815,243.09
YTD Amount:	\$	8,494,665.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	151,636.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,636.74
YTD Amount:	\$	1,210,460.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	1,045,604.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,045,604.02
YTD Amount:	\$	11,112,413.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	288,437.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	288,437.64
YTD Amount:	\$	3,060,775.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A

PAYMENT ISSUE DATE: 5/27/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	235,260.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	235,260.91
YTD Amount:	\$	1,833,180.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	106,338.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,338.47
YTD Amount:	\$	1,095,341.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	482,470.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	482,470.16
YTD Amount:	\$	4,969,837.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300383A
PAYMENT ISSUE DATE: 5/27/2014

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 4/16/2014 TO: 5/15/2014

Total amount collected: \$75,812,199.10

Gross monthly apportionment: \$75,812,199.10

Gross Claim	\$	161,690.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	161,690.48
YTD Amount:	\$	1,666,121.71